								بة -ر_)	09	18	340	287
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2000								Application or Docket Number 3984 - FW8					
CLAIMS AS FILED - PART I SMALL ENT (Column 1) (Column 2) TYPE											OR	OTHER	
TOTAL CLAIMS			76]		RATE	T FI	EE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	+-	5.00	ΛP	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			76 minus 20= •			56		X\$ 9-	. 18	34	OR	X\$18=	
INDEPENDENT CLAIMS			20 minus 3 =			17		X40=	12	1		X80=	
MULTIPLE DEPENDENT CLAIM P			RESENT						10	80	OR	76U=	
* If the difference in column 1 is less than zero, enter "O" in column 2								+135=	<u>ַ</u>		OR	+270=	
-									L		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	L ENTI	TY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BEA OUSLY	PRESENT EXTRA		RATE	AD TIOI FE	NAL		RATE	ADDI- TIONAL FEE
	Total	.112	Minus	- 7	6	- 36		X\$ 9=	30	υ	OR	X\$18=	
	Independent	·22	Minus	··· 2	0	= 2		X40=	80	-	OR	X80=	
لــا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		\dashv	OR	+270=	
								YOY/		X	OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)								ADDIT. FE	E # 14	سی	0	ADDII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RAPE	AD Pice	DI- VAII E		RATE	ADDI- TIONAL FEE
	Total	. 117	Minus	11	2	= 5		x\$ 9=	4.5	7	OR	X\$18=	
	Independent FIRST PRESE	· 27	Minus	··· 2	CLAIM] <u> </u>		× 40€	122	0	OR	X80=	\top
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											OR	+270=	7
							_	YOTA		5	OR .	TOTAL ADDIT, FEE	-0-
(Column 1) (Column 2) (Column 3)										_		ADDIT. FEEL	
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADD TION FE	IAL		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=		X\$ 9=	† ' ' '			X\$18=	FEE
	Independent	•	Minus	•••		•	╽┠	X40=	1—	ᅱ'	OR		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	A4U=	╂	 '	OR	X80=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE											TOTAL VODIT, FEE		
	The Highest Nurr	ber Previously Pai	d For (Total o	rIndepend	ent) is the	highest numbe	r loun	nd in the a	ppropriat	le box i	in coh	ımın 1.	

FORM PTO-875 (Rev. 8/00)

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